Image# 14978423622 PAGE 1 / 45

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An Aut	norized Committee	Office Use Only						
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	e 12FE4M5						
American Council of Life Insurers Political Action Committee									
ADDRESS (number and street)	101 Constitution Ave., NW								
Check if different	Suite 700								
than previously reported. (ACC)	Washington		DC 20001 -						
2. FEC IDENTIFICATION NU	MBER ▼ CIT	-Y ▲	STATE ▲ ZIP CODE ▲						
C C00147066		S THIS NEW (N)	OR AMENDED (A)						
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 20 (M3) Jun 20	(Non-Election Year Only)						
(a) Quarterly Reports:			(Non-Election Year Only)						
April 15 Quarterly Report (Q	1)	20 (M4) Jul 20 (							
July 15 Quarterly Report (Q	PRE-Election	Primary (12P)	General (12G) Runoff (12R)						
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)						
January 31 Year-End Report (Ye	E) Election	on on	/ Y Y Y Y Y in the State of						
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)						
Termination Report (TER)	Election	on on	in the State of						
5. Covering Period 09	01 2014		09 30 / 2014						
I certify that I have examined this	s Report and to the best of	my knowledge and belief it	t is true, correct and complete.						
Type or Print Name of Treasurer	Mr. Donald L. Walker								
Signature of Treasurer Mr. D	onald L. Walker	[Electronically Filed]	Date 10 / 16 / 2014						
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person sign	ning this Report to the penalties of 2 U.S.C. §437g.						
Office Use Only			FEC FORM 3X Rev. 12/2004						

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### American Council of Life Insurers Political Action Committee

09 01 2014 09 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 463302.78 January 1, 2014 (b) Cash on Hand at 555570.38 Beginning of Reporting Period..... 444466.26 60098.66 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 615669.04 907769.04 6(a) and 6(c) for Column B).....

 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

Total Disbursements (from Line 31)......



47000.00

339100.00

568669.04



Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D) ......

0.00

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Council of Life Insurers Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		007000 77
(i) Itemized (use Schedule A)	35786.00	227632.77
(ii) Unitemized(iii) TOTAL (add	3812.66	28333.49
Lines 11(a)(i) and (ii)	39598.66	255966.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	20500.00	192500 00
(such as PACs)	20300.00	183500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	60098.66	439466.26
Totals to Line 33, page 5)	00030.00	700700.20
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
All Louis riccoved		
Lean Denoymente Dessived	0.00	0.00
Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	0.00
to Federal Candidates and Other		
Political Committees	0.00	5000.00
Other Federal Receipts	0.00	7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7	5.60
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,	7	, , ,
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill I dilds (ilolli Schedule 115)	7	5.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),	60008 66	444466 26
12, 13, 14, 15, 16, 17, and 18(c))▶	60098.66	444466.26
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	60098.66	444466.26

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	10101 11101	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party	7			
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	47000.00	335500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use scriedule F)	7 7	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	5.00		
		0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00			
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	5.00		
Other Disbursements	0.00	3595.00		
_	, , , , , , , , , , , , , , , , , , , ,			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) redetal Share				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,	17000 00			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47000.00	339100.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	47000.00	339100.00		
	7			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	· · · · · · · · · · · · · · · · · · ·			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	60098.66	439466.26		
4. Total Contribution Refunds (from Line 28(d))	0.00	5.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60098.66	439461.26		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER:					PAGE	=	6	OF	45
(check only one)										
	×	11a		11b		11c		12	2	
ı		13		14		15		16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Mr Jerry D Davis		Date of Receipt
Mailing Address 7224 Massey Road		09 11 2014
City	State Zip Code	Transaction ID: 62099286
Granbury	TX 76049-2230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer	Occupation	
National Farm Life Insurance	President & Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  Mr Richard R Jernigan		Date of Receipt
Mailing Address 6921 CR 204		09 11 2014
City	State Zip Code	Transaction ID: 62099290
Grandview	TX 76050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer	Occupation	
National Farm Life Insurance	Senior Vice President, Administration	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  C. Mr. Cary Wright		Date of Receipt
Mailing Address 3323 Shellbrook Cr		09 11 _ 2014 _
City	State Zip Code	Transaction ID : 62099291
Arlington	TX 76016-2064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
National Farm Life Insurance	Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	3200.00
TOTAL This Period (last page this line number	only)	

# SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Council of Life Insu	the name and a	ddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. D. J. Saltsman  Mailing Address 3852 Hallman Avenue  City Collegeville  FEC ID number of contributing federal political committee.  Name of Employer London Life Reinsurance Company  Receipt For:  Primary General Other (specify)	State PA  C  Occupation Underwriter  Aggregate		Date of Receipt  9 16 2014  Transaction ID: 62099310  Amount of Each Receipt this Period  225.00
Full Name (Last, First, Middle Initial)  Mr. Raymond J. Hazel  Mailing Address 7 Daydilly Court  City  Wilmington  FEC ID number of contributing federal political committee.  Name of Employer  London Life Reinsurance Company  Receipt For:  Primary  Other (specify)   General			Date of Receipt  09 16 2014  Transaction ID: 62099313  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  C. David Mitchell  Mailing Address 24 Cole Field Rd  City Cape Elizabeth  FEC ID number of contributing federal political committee.  Name of Employer  Boston Mutual  Receipt For:  Primary  Other (specify)	State ME  C  Occupation VP - Group  Aggregate		Date of Receipt  09 16 2014  Transaction ID: 62099315  Amount of Each Receipt this Period  750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		8	OF		45	
(check only one)										
>	<b>1</b> 1a		11b		11c		12			
	13		14		15		16	;		17

NAME OF COMMITTEE (In Full)	the name and address of any political committee rers Political Action Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dennis L. Johnson FLMI, CLU Mailing Address 926 W. Oakhampton Drive		Date of Receipt
City Eagle	State Zip Code ID 83616-6744	09 18 2014 Transaction ID : 62099393
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  2000.00
Name of Employer  United Heritage Mutual Life Insurance  Receipt For:  Primary General  Other (specify) ▼	Occupation President and CEO  Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  Jean-Francois Poulin		Date of Receipt
Mailing Address 1287 Sentry Parkway West Suite 420  City Bluebell  FEC ID number of contributing federal political committee.	State Zip Code PA 19422	09 18 2014  Transaction ID: 62099394  Amount of Each Receipt this Period  2500.00
Name of Employer London Life  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President  Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  Mr. Howard V. Neff  Mailing Address 29 Equestrian Lane		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City East Falmouth  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code MA 02536-7903  C Occupation	Transaction ID : 62099399  Amount of Each Receipt this Period  1000.00
Boston Mutual Life Insurance Company Receipt For:  Primary General  Other (specify) ▼	Vice President, Real Estate and CIO  Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (optional).		5500.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:				PAGE	9	OF	45	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial)  Charles R Mabry Jr		Date of Receipt
Mailing Address 120 Royall St		09 30 2014
City	State Zip Code	Transaction ID: 62099515
Canton	MA 02021-1028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	†
Boston Mutual Life Insurance Company	Vice President - Worksite Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  Mr Patrick A Mannion		Date of Receipt
Mailing Address 7665 Hunt Lane		09 30 2014
City	State Zip Code	Transaction ID: 62099516
Fayetteville	NY 13066-2555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	650.00
Name of Employer	Occupation	-
Columbian Mutual Life Insurance Compan	President & Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial)  2. Jeremy Thornton	•	Date of Receipt
Mailing Address 14450 Aberden Ct		09 30 2014
City	State Zip Code	Transaction ID: 62099521
Leawood	KS 66224-3922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	-
Americo Life Insurance Company	Marketing VP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1750.00
TOTAL This Period (last page this line numbe	r only)	

	FOF	R LINE	NU	MBER	:	PAGE	•	10 O	F	45
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		717

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Political Action Committee	
Full Name (Last, First, Middle Initial)  Ms. Sandra L. Dunaway  Mailing Address 3198 SW Ganderia St		Date of Receipt
		09 30 2014
City Lees Summit	State Zip Code MO 64081	Transaction ID : 62099523
	WC 04001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Americo Life Insurance Company	Vice President, Operations	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Mr. Philip K. Polkinghorn	•	Date of Receipt
Mailing Address 73 Forest Street		09 30 2014
City	State Zip Code	Transaction ID: 62099524
Wellesley	MA 02481-6826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	-
Americo Financial Life and Annuity Ins	Vice President, Retirement Products &	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Mr. Jack L. Fortini	-1	Date of Receipt
Mailing Address 3608 W. 155th Street		09 30 2014
City	State Zip Code	Transaction ID: 62099525
Overland Park	KS 66224-3990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Americo Financial Life and Annuity Ins	Vice President, Counsel & Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional		850.00
OUDITIE OF HECEIPIS THIS Page (Optional)	·····	7 7 7
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

45

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Rodney K. Foster Date of Receipt Mailing Address 4464 W. 161st Street 30 2014 09 City State Zip Code Transaction ID: 62099526 KS 66085-8405 Overland Park Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Senior Vice President & Chief Marketin Americo Financial Life and Annuity Ins Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L LaPlant Date of Receipt Mailing Address 5604 W 147th Place 09 2014 30 City State Zip Code Transaction ID: 62099527 Overland Park KS 66223-1171 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Americo Life insurance Company VP of IT Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Donald P. Oster Date of Receipt Mailing Address 12624 W 121st Terrace 09 30 2014 City Zip Code State Transaction ID: 62099528 KS Overland Park 66213-2263 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Americo Life Insurance Company Chief Accounting Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

45

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Mark K. Fallon Date of Receipt Mailing Address 2209 W. 126th Street 30 2014 09 City State Zip Code Transaction ID: 62099529 KS Leawood 66209-1384 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Senior Vice President & Chief Financia Americo Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James L. Anderson Date of Receipt Mailing Address P.O. Box 410288 09 30 2014 City State Zip Code Transaction ID: 62099530 MO Kansas City 64141-0288 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Americo Financial Life and Annuity Ins Senior Vice President, Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Rick D. Riley Date of Receipt Mailing Address 5602 Painted Valley Drive 30 2014 09 City Zip Code State Transaction ID: 62099531 TX Austin 78759-5526 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 С federal political committee. Name of Employer Occupation CICA Life Insurance Company of America Chr of the Bd, President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 3600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

45

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Harold E. Riley Date of Receipt Mailing Address P.O. Box 149151 09 30 2014 City State Zip Code Transaction ID: 62099532 TX Austin 78714-9151 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation CICA Life Insurance Company of America Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael G. DeKoning Date of Receipt Mailing Address 56 Perimeter Center East Suite 5000 09 2014 30 City State Zip Code Transaction ID: 62099533 GA Atlanta 30346-2296 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Munich American Reassurance Company President & Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Gary L. Muller Date of Receipt Mailing Address 300 W. 11th Street 30 2014 09 City Zip Code State Transaction ID: 62099534 MO Kansas City 64105-1618 Amount of Each Receipt this Period FEC ID number of contributing 1475.00 С federal political committee. Name of Employer Occupation Chief Executive Officer Americo Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 1475.00 Other (specify) 8975.00 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Michael A. Merriman Date of Receipt Mailing Address 300 West 11th Street 09 30 2014 City Zip Code State Transaction ID: 62099535 MO Kansas City 64105-1618 Amount of Each Receipt this Period FEC ID number of contributing 1475.00 federal political committee. Name of Employer Occupation Chairman of the Board Americo Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 1475.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Gregory A. Hamilton Date of Receipt Mailing Address 3447 W. 138th Terrace 09 30 2014 City State Zip Code Transaction ID: 62099536 KS Leawood 66224-4595 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Americo Financial Life and Annuity Ins Vice President & Director, Investments Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael S Taht Date of Receipt Mailing Address 56 Perimeter Center East NE 30 2014 09 Suite 500 City State Zip Code Transaction ID: 62099562 GA Atlanta 30346 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation SVP Individual Reinsurance Munich American Reassurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2725.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

45

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Paige S Freeman Date of Receipt Mailing Address 988 Wildwood Rd NE 30 2014 09 City Zip Code State Transaction ID: 62099563 GΑ Atlanta 30306-3015 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation SVP and General Counsel Munich American Reassurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Donald L. Walker Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 09 30 2014 City State Zip Code Transaction ID: PR1156427136100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers SVP, Administration & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John Patterson Date of Receipt Mailing Address 10075 Red Run Blvd 30 09 2014 City Zip Code State Transaction ID: PR1231727536100 MD Owings Mills 21117-4865 Amount of Each Receipt this Period FEC ID number of contributing 22.00 С federal political committee. Name of Employer Occupation Baltimore Life Insurance Company Senior Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.00 Semi-Monthly) 220.00 Other (specify) 1122.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR	LINE NO	MBEH:	PAGE	16 OF	45
Use separate schedule(s)	(check	k only on	ıe)			
for each category of the Detailed Summary Page	X 1	11a	11b	11c	12	
	1	13	14	15	16	17

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insure	ers Political Action Committee	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Mandana Parsazad  Mailing Address 1914 Horse Shoe Drive  City  Vienna	State Zip Code VA 22182-3755	Date of Receipt  09 30 2014  Transaction ID: PR1481799836100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	Occupation Senior Counsel, Taxes & Retirement Sec  Aggregate Year-to-Date ▼  420.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Ms. Gail S. Hoeflich  Mailing Address 101 Constitution Ave, NW Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code DC 20001-2140  C Occupation	Date of Receipt    M
American Council of Life Insurers  Receipt For:  Primary General  Other (specify) ▼	Legislative Director  Aggregate Year-to-Date ▼  360.00	P/R Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Ms. Shannon N. Salinas  Mailing Address 101 Constitution Ave, NW Suite 700  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2140  C  Occupation Counsel, Taxes & Retirement Security  Aggregate Year-to-Date ▼  360.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b></b>	130.00

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

45

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 30 2014 City Zip Code State Transaction ID: PR1728112736100 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 241.36 federal political committee. Name of Employer Occupation American Council of Life Insurers Sr. Counsel, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$120.68 Semi-Monthly) 2172.24 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Carolyn C. Cobb Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 09 2014 30 City State Zip Code Transaction ID: PR1821819636100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 229.48 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$114.74 Semi-Monthly) 2065.32 Other (specify) Full Name (Last, First, Middle Initial) c. The Honora Dirk A. Kempthorne Date of Receipt Mailing Address 101 Constitution Ave, NW 30 09 2014 Suite 700 City Zip Code State Transaction ID: PR1871324536100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee. Name of Employer Occupation President and CEO American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 3749.94 Other (specify) 887.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

45

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Lisa Smith Date of Receipt Mailing Address 800 North Magnolia Ave. Suite 1400 30 2014 City State Zip Code Transaction ID: PR1871488836100 FL Orlando 32803-3248 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Hannover Life Reassurance Company of A Manager Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Brian Waidmann Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 09 30 2014 City State Zip Code Transaction ID: PR1872428336100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Chief of Staff Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$200.00 Semi-Monthly) 3600.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Peter J. Bautz Date of Receipt Mailing Address 101 Constitution Ave, NW 30 09 2014 Suite 700 City Zip Code State Transaction ID: PR1903849836100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Taxes and Retirement S Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 360.00 Other (specify) 480.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

45

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Jim Pyc Date of Receipt Mailing Address 9124 MidPines Court 30 2014 City State Zip Code Transaction ID: PR1948888436100 FL Orlando 32819-4307 Amount of Each Receipt this Period FEC ID number of contributing C 24.00 federal political committee. Name of Employer Occupation EVP, financial Solutions Hannover Life Reassurance Company of A Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Semi-Monthly) 216.00 Other (specify) Full Name (Last, First, Middle Initial) B. William R Hobbs Date of Receipt Mailing Address 13005 Windsor Circle 09 30 2014 City State Zip Code Transaction ID: PR1964225736100 KS Leawood 66209-1793 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation **Fidelity Security** VP Finance Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Anita Peduzzi Date of Receipt Mailing Address 101 Constitution Avenue 30 2014 Suite 700 W City Zip Code State Transaction ID: PR1978714936100 DC Washington 20001-2146 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **PAC Director** American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.67 Semi-Monthly) 750.06 Other (specify) 182.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

45

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Joshua T. Mauthe Date of Receipt Mailing Address 2210 12th St NW 30 2014 City Zip Code State Transaction ID: PR1978715636100 DC Washington 20009-4404 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Meeting Planner-Special Projects Coord American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Seaver J. J Sowers Date of Receipt Mailing Address 101 Constitution Avenue NW 09 2014 30 City State Zip Code Transaction ID: PR2018796036100 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Director, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Semi-Monthly) 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jessica M. M Hanson Date of Receipt Mailing Address 1707 Prince St. 30 09 2014 #2 City State Zip Code Transaction ID: PR2023274636100 Alexandria VA 22314-2804 Amount of Each Receipt this Period FEC ID number of contributing 83.40 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Communications Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.70 Semi-Monthly) 683.80 Other (specify) 153.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR LINE NUMBER: PAGE 21 C	)F 45
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
		1 17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	
	surers Political Action Committee	
Full Name (Last, First, Middle Initial)  Mariana E. E Gomez		Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700	e NW	09 30 2014
City	State Zip Code	Transaction ID : PR2122881836100
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
American Council of Life Insurers	Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	P/R Deduction (\$15.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Emily C. C Micale	·	Date of Receipt
Mailing Address 101 Constitution Avenue	e NW	M = M / D = D / Y = Y = Y
Suite 700	Otata 7:- Cada	09 30 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR2122882036100
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
American Council of Life Insurers	Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  James Szostek	1	Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700		09 30 / 2014
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR2122891036100
	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
American Council of Life Insurers	Public Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	P/R Deduction (\$25.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (option	al)	130.00
TOTAL This Period (last page this line nul	mber only)	

	FOF	R LINE	NU	IMBER	:	PAGE	2	22 OI	F	45
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial)  Carly L. L McCallie		Date of Receipt
Mailing Address 101 Constitution Avenue NV	V	M = M / D = D / Y = Y = Y = Y
Suite 700 City	State Zip Code	09 30 2014 Transaction ID : PP 2160512336100
Washington	DC 20001-2133	Transaction ID : PR2160513336100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
American Council of Life Insurers	Law & Regulation Analyst	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.00	P/R Deduction (\$15.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  3. Ian F. F Steger	1	Date of Receipt
Mailing Address 101 Constitution Avenue NW	I	M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	09 30 2014 Transaction ID : PR2160513736100
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer American Council of Life Insurers	Occupation Legislative Analyst	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  C. Mr. Gary E. Hughes		Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West		09 30 2014
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771358236100
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  356.64
Name of Employer	Occupation	-
American Council of Life Insurers	Executive Vice President & General Cou	
Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$178.32 Semi-Monthly)
Other (specify) ▼	3209.77	
SUBTOTAL of Receipts This Page (optional)	·····	436.64
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 23 OF (check only one) X 11a 11b 11c

45 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 30 2014 City Zip Code State Transaction ID: PR771362436100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 116.34 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Conference Development Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$58.17 Semi-Monthly) 1047.05 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John F. Dolan Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 West 09 30 2014 City State Zip Code Transaction ID: PR771365436100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Media Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Semi-Monthly) 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. J. Bruce Ferguson Date of Receipt Mailing Address 101 Constitution Avenue, NW 30 Suite 700 West 09 2014 City Zip Code State Transaction ID: PR771373236100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 308.12 С federal political committee. Name of Employer Occupation Senior Vice President, State Relations American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$154.06 Semi-Monthly) 2773.09 Other (specify) 484.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

### SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s)

45

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(cneck only on X) 11a 13	11b 11c 12 14 15 16 17
	rmation copied from such Reports and ommercial purposes, other than using			erson for the purp	pose of soliciting contributions
	E OF COMMITTEE (In Full) erican Council of Life Insu	rers Politica	al Action Committee		
	Name (Last, First, Middle Initial) Shawn Hausman			Date of Re	ceipt
	ng Address 101 Constitution Avenue, N Suite 700 West			09 /	30 2014
City Was	hington	State DC	Zip Code 20001-2133		on ID: PR771373536100 Each Receipt this Period
FEC	ID number of contributing al political committee.	С		Amount of	64.22
Amer	e of Employer rican Council of Life Insurers ipt For: Primary General Other (specify)		esident, Public Affairs  Year-to-Date ▼  577.99	P/R Deduction	on (\$32.11 Semi-Monthly)
<b>B.</b> Mr.	Name (Last, First, Middle Initial)  David M. Leifer	NA/		Date of Re	<u> </u>
IVIAIIII	ng Address 101 Constitution Avenue, N Suite 700 West	IVV		09	30 2014
City		State	Zip Code	Transacti	on ID : PR771374036100
Wasl	hington	DC	20001-2133	Amount of	Each Receipt this Period
	ID number of contributing al political committee.	С			172.34
	e of Employer ican Council of Life Insurers	Occupation Vice Presid	ent & Associate General Cou		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1551.05	P/R Deduction	on (\$86.17 Semi-Monthly)
	Name (Last, First, Middle Initial) . James D. Hall			Date of Re	ceipt
	ng Address 101 Constitution Avenue, N Suite 700 West	<b>IW</b>		09 /	30 / 2014
City Was	hington	State DC	Zip Code 20001-2133		on ID : PR771374336100
FEC	ID number of contributing al political committee.	С	233012130	Amount of	Each Receipt this Period 30.00
Name	e of Employer	Occupation			
	rican Council of Life Insurers	Regional V	ice President, State Relatio		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction	on (\$15.00 Semi-Monthly)
SUBTO	OTAL of Receipts This Page (optional).	1	]		266.56
TOTAL	This Period (last page this line numb	er only)			7

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) X 11a 11b 11c

45

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 30 2014 City Zip Code State Transaction ID: PR771376836100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 58.40 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$29.20 Semi-Monthly) 525.60 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John W. Mangan CEBS Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 09 30 2014 City State Zip Code Transaction ID: PR771377136100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Semi-Monthly) 1800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Kimberly O. Dorgan Date of Receipt Mailing Address 101 Constitution Avenue, NW 30 Suite 700 West 09 2014 City Zip Code State Transaction ID: PR771395136100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Executive Vice President, Publi Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 3749.94 Other (specify) 675.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	2	26	OF	45	
(ch	eck only	y or	ne)						
>	<b>1</b> 1a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Council of Life Insurer	s Political Action Committee	
Full Name (Last, First, Middle Initial)  Mr. Paul S. S. Graham III		Date of Receipt
Mailing Address 101 Constitution Avenue NW		M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	09 30 2014
Uity Washington	DC 20001-2133	Transaction ID : PR771412636100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
American Council of Life Insurers	SVP, Insurance Regulation & Chief Actu	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  360.00	P/R Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  3. Mr. Morris R. Goff		Date of Receipt
Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
Suite 700 West City	State Zip Code	09 30 2014  Transaction ID : PR771419336100
Washington	DC 20001-2133	Transaction ID : PR771419336100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	203.50
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Federal Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1831.51	P/R Deduction (\$101.75 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Ms. Brenda S. Nation		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West	Chat	09 30 / 2014
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771419936100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
American Council of Life Insurers	Regional Vice President, State Relatio	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1350.00	P/R Deduction (\$75.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		393.50
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 27 OF 45 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Debra K. West Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 30 2014 City Zip Code State Transaction ID: PR771421036100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael Lovendusky Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 09 30 2014 City State Zip Code Transaction ID: PR771421136100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Jeffry J. Janoska Date of Receipt Mailing Address 101 Constitution Avenue, NW 30 09 2014 Suite 700 City Zip Code State Transaction ID: PR771423136100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 24.86 С federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.43 Semi-Monthly) 223.73 Other (specify) 164.86 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOR	LINE	NU	MBER	:	PAGE	2	28	OF	
Use separate schedule(s) for each category of the	`	k only								
Detailed Summary Page		11a		11b		11c		12		
, ,		12		1/		15		16		

45

	ers Political Action Committee	
Full Name (Last, First, Middle Initial)  Ms. Lisa J. Tate  Mailing Address 101 Constitution Avenue, NV Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2133  C Occupation VP, Litigation & Assoc. Gen. Counsel Aggregate Year-to-Date ▼	Date of Receipt  09 30 2014  Transaction ID: PR771423236100  Amount of Each Receipt this Period  80.00  P/R Deduction (\$40.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. John P. John P. Gerni  Mailing Address 101 Constitution Ave, NW Suite 700  City Washington  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code DC 20001-2133  C	Date of Receipt    M M
American Council of Life Insurers  Receipt For:  Primary General Other (specify) ▼	Regional Vice President, State Relatio  Aggregate Year-to-Date ▼  975.00	P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. David C. Turner  Mailing Address 101 Constitution Ave, NW Suite 700  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2133  C  Occupation EVP, Chief of Staff & Corp. Secretary  Aggregate Year-to-Date ▼  2436.12	Date of Receipt  09 30 2014  Transaction ID: PR771428936100  Amount of Each Receipt this Period  270.68  P/R Deduction (\$135.34 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	····	500.68
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

29 OF

45

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Kynondo Lewis Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 30 2014 City Zip Code State Transaction ID: PR771439636100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 22.92 federal political committee. Name of Employer Occupation American Council of Life Insurers Legal Editor Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.46 Semi-Monthly) 206.28 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Alane R. Dent Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 09 2014 30 City State Zip Code Transaction ID: PR771444336100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 198.76 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$99.38 Semi-Monthly) 1788.83 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. T. Scott Dixon Date of Receipt Mailing Address 101 Constitution Avenue NW 30 Suite 700 West 09 2014 City Zip Code State Transaction ID: PR771444936100 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Finance Director American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 360.00 Other (specify) 261.68 SUBTOTAL of Receipts This Page (optional).....

7

TOTAL This Period (last page this line number only).....

	Use separate schedule(s)	(check only one)							-	30 OF	40
	for each category of the Detailed Summary Page		X	11a 13		11b		11c		12 16	17
				. 0		L		.0			.,
ms	may not be sold or used by any person for the nurnose of soliciting contributions										

Any information conied from such Reports and Statements

or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)	he name and address of any political committee	
Full Name (Last, First, Middle Initial)  Mr. Andrew M. Melnyk  Mailing Address 101 Constitution Avenue NV Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2133  C  Occupation Managing Director, Research  Aggregate Year-to-Date ▼  371.69	Date of Receipt  09 30 2014  Transaction ID: PR771445836100  Amount of Each Receipt this Period  41.30  P/R Deduction (\$20.65 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Ms. Julie A. Spiezio  Mailing Address 101 Constitution Avenue NV Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code DC 20001-2133  C Occupation	Date of Receipt  09 30 2014  Transaction ID: PR771449636100  Amount of Each Receipt this Period  100.00
American Council of Life Insurers  Receipt For:  Primary General  Other (specify) ▼	Senior Vice President  Aggregate Year-to-Date ▼  800.00	P/R Deduction (\$50.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. John K. Bruins  Mailing Address 101 Constitution Avenue NV Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	N  State Zip Code DC 20001-2133  C  Occupation Senior Actuary  Aggregate Year-to-Date ▼  309.23	Date of Receipt  99 30 2014  Transaction ID : PR771450136100  Amount of Each Receipt this Period  34.36  P/R Deduction (\$17.18 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional).		175.66
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER: PAGE 31 OF 45								45		
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial)  Mr. Maurice A. Perkins		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		09 30 2014
City	State Zip Code	Transaction ID : PR805149136100
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	1
American Council of Life Insurers	Vice President, Federal Relations	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	3749.94	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. Wayne A. Mehlman		Date of Receipt
Mailing Address 101 Constitution Avenue, NV	V	M = M / D = D / Y = Y = Y
Suite 700		09 30 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR904819536100
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
American Council of Life Insurers	Counsel, Insurance Regulation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address		Date of Receipt
mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	uon noonpi tillo Fellou
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	466.66
TOTAL This Period (last page this line number	r only)	35786.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statomonto	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 45 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insure	ne name and a	ddress of any political committee	
Full Name (Last, First, Middle Initial)  American National Ins. Co. PAC  Mailing Address One Moody Plaza  City Galveston  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	Occupation	Zip Code 77550 0135525 Year-to-Date ▼	Date of Receipt  O9 11 2014  Transaction ID: 62099293  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial)  Hartford Advocates Fund  Mailing Address 690 Asylum Avenue  City  Hartford  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	Occupation	Zip Code 06115 0168864 Year-to-Date ▼	Date of Receipt  09 22 2014  Transaction ID: 62099395  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Mutual of Omaha Companies PA  Mailing Address Mutual of Omaha Plaza  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State NE C Coo	Zip Code 68175 0094581	Date of Receipt  09 22 2014  Transaction ID: 62099396  Amount of Each Receipt this Period  5000.00
SUBTOTAL of Receipts This Page (optional)			11000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 OF 45 (check only one)  11a  11b
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Politica	al Action Committee	
Full Name (Last, First, Middle Initial)  Ohio National Financial Services In  Mailing Address One Financial Way	ic. PAC		Date of Receipt
City	State	Zip Code	09 22 2014 Transporting ID - \$6000007
Montgomery	OH	45242	Transaction ID : 62099397  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0296657	5000.00
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	]
Full Name (Last, First, Middle Initial)  Security Benefit Group Federal P			Date of Receipt
Mailing Address One Security Benefit Place	•		09 22 2014
City Topeka	State KS	Zip Code 66636	Transaction ID : 62099398  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0216358	4500.00
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 4500.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			9500.00

TOTAL This Period (last page this line number only).....

20500.00

	CHEDULE B (FEC Form 3X)	llee con	parate schedule(s)	FOR LINE		:	PAGE	34 (	OF 45
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	22	<b>X</b> 23	24	25	26
_				27	28a	28b	28c	29	30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)								
	American Council of Life Insurers F	Political	Action Com	mittee					
_	Full Name (Last, First, Middle Initial)				_				
Α.	Tiberi for Congress				M = M	f Disbursem	/ Y	Y	Υ
	Mailing Address 217 Third Street, SE		7: 0 1		09	24	<u> </u>	2014	
	•	State DC	Zip Code		Trans	action ID:	61859218		
	Washington Purpose of Disbursement	DC	20003						
	Candidate Name			011	Amoun	t of Each D	isbursemer	nt this F	Period
	Patrick Tiberi			Category/				1000	.00
		nent For:	2014	Туре		,	,		
	Senate	Primary Other (spe	<b>X</b> General						
	State: OH District: 12								
_	Full Name (Last, First, Middle Initial)								
В.	Tim Scott For Senate				Date of	f Disbursem		Y	Υ
	Mailing Address 1405 Ashley River Road				09	24		2014	
	Charleston	State SC	Zip Code 29407		Trans	saction ID:	61859219		
	Purpose of Disbursement			011	Amoun	t of Each D	isbursemer	nt this F	Period
	Candidate Name Sen. Tim Scott			Category/ Type		. ,	. , .	2000	0.00
	Office Sought: House Disbursen	nent For:	2014						
	X Senate	Primary	X General						
	State: SC District:	Other (spe	ecify) ▼						
_	Full Name (Last, First, Middle Initial)	4a Oa.			Date o	f Disbursem	ent		
٥.	People For Patty Murray U S Sena	ie Cam	paign			_			
	Mailing Address PO Box 3662				09	24		2014	Y
		State	Zip Code		Trans	saction ID :	61859220		
	Seattle Purpose of Disbursement	WA	98124						
	ruipose or bisbursement			011	<b>A</b>	( E l. D		a dete f	De este est
	Candidate Name				Amoun	t of Each D	isbursemer	it this i	erioa
	Sen. Patty Murray			Category/ Type	1.			2000	.00
	Office Sought: House Disbursen	nent For: Primary Other (spe	General	.,,,,		7			
_	State: WA District:								
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>	F	7		5000	.00
<b> </b> T	OTAL This Period (last page this line number only)			·····			,		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		5 OF 45			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 28 28a 28b 28c 29				
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) American Council of Life Insurers	Political Action Comr	nittee					
Full Name (Last, First, Middle Initial)							
A. Beatty For Congress			Date of Disbursement				
Mailing Address PO Box 172			09 24 2014	1			
City Columbus	State Zip Code OH 43216		Transaction ID: 61859221				
Purpose of Disbursement		011	Amount of Each Dishuraamant th	ie Poriod			
Candidate Name			Amount of Each Disbursement th	iis Period			
Rep. Joyce Beatty		Category/ Type	10	000.00			
Senate President	ement For: 2014 Primary General Other (specify)						
State: OH District: 03							
B. Friends Of Dennis Ross			Date of Disbursement	V V			
Mailing Address 133 South Harbor Drive			09 24 2014				
City Venice	State Zip Code FL 34285		Transaction ID : 61859222				
Purpose of Disbursement		011	Amount of Each Disbursement th	is Period			
Candidate Name Rep. Dennis Ross		Category/ Type	1	000.00			
•	ement For: 2014  Primary	76.5					
Full Name (Last, First, Middle Initial)  C. Kenny Marchant For Congress			Date of Disbursement				
Mailing Address PO Box 110187			09 24 2014				
City Carrollton	State Zip Code TX 75011		Transaction ID : 61859223				
Purpose of Disbursement  Candidate Name		011 Category/	Amount of Each Disbursement th				
Rep. Kenneth Marchant		Туре	10	000.00			
Office Sought:    House   Disburs	ement For: 2014  Primary						
SUBTOTAL of Disbursements This Page (optional)		······	3(	00.00			
TOTAL This Period (last page this line number onl	y)						

SCHEDULE B (FEC Form 3X)	11	FOR LINE	TOMBETT.	36 OF 4
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	21b	22 🗶 23 🗌 24	25 2 29 3
Any information copied from such Reports and State	ments may not be sold or us	sed by any perso	28a 28b 28c on for the purpose of soliciting cor	
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)		_		
American Council of Life Insurers	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. Kyrsten Sinema For Congress			Date of Disbursement	TY TY
Mailing Address PO Box 25879			09 24 20	14
City	State Zip Code		Transaction ID: 61859224	
Tempe	AZ 85285		Transaction ib : 01033224	
Purpose of Disbursement		011	Amount of Each Disbursement	this Period
Candidate Name		Category/		4000.00
Rep. Kyrsten Sinema		Type		1000.00
Senate President	ment For: 2014 Primary General Other (specify)			
State: AZ District: 09				
Full Name (Last, First, Middle Initial)  Tom Reed For Congress			Date of Disbursement	
Tom Reed For Congress				YY
Mailing Address P O Box 450			09 24 20	)14
•	State Zip Code		Transaction ID: 61859225	
Victor Purpose of Disbursement	NY 14564			
		011	Amount of Each Disbursement	this Period
Candidate Name		Category/		1000.00
Rep. Tom Reed		Туре		1000.00
Office Sought:    House   Disburse	ment For: 2014 Primary			
Full Name (Last, First, Middle Initial)				
- Paul Ryan for Congress			Date of Disbursement	
Mailing Address P.O. Box 1488			09 24 20	14
City	State Zip Code		T	
Janesville	WI 53547		Transaction ID: 61859226	
Purpose of Disbursement				
Candidate Name		011	Amount of Each Disbursement	this Period
Paul Ryan		Category/		1500.00
•	ment For: 2014 Primary General Other (specify)	Type		
State: WI District: 01				
SUBTOTAL of Disbursements This Page (optional)				3500.00
TOTAL This Period (last page this line number only	)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 37 OF 4			
ITEMIZED DISBURSEMENTS	Use separate schedule(s	) FOR LINE (check only	NOMBELL.			
II LIMITED DISDOUSEMENIS	for each category of the	21b	22 🔀 23 🗆 24 🗆 25 🖂 26			
	Detailed Summary Page	27	28a 28b 28c 29 30			
Any information copied from such Reports and St.	atements may not be sold or u	sed by any ners	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
American Council of Life Insurer	s Political Action Com	nmittee				
/ Timenean Council of Life insurer		mintoc				
Full Name (Last, First, Middle Initial)						
A. Roskam For Congress Committee	ee		Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address P. O. Box 713			09 24 2014			
<del></del>						
City	State Zip Code		Transaction ID: 61859228			
Wheaton	IL 60187					
Purpose of Disbursement		011	Amount of Each Disbursement this Period			
Candidate Name			Amount of Each disbursement this Feriod			
Rep. Peter Roskam		Category/	1000.00			
•	rsement For: 2014	Туре				
Senate Sought.	Primary Seneral					
President	Other (specify)					
State: IL District: 06	Other (opcomy)					
Full Name (Last, First, Middle Initial)						
B. Bob Casey For Senate Inc			Date of Disbursement			
Bub Casey Fur Seriale Inc						
Mailing Address P O Box 58746			09 24 2014			
City	State Zip Code		Transaction ID : 64850220			
Philadelphia	PA 19102		Transaction ID: 61859229			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Sen. Robert Casey Jr.		Туре	100.00			
<u> </u>	rsement For: 2018					
Senate	Primary General					
President	Other (specify)					
State: PA District:						
Full Name (Last, First, Middle Initial)			Date of Dishamous			
C. Alexander for Senate 2014, Inc.			Date of Disbursement			
Mailing Address 200 C Week instan Ct			09 24 2014			
Mailing Address 228 S Washington St Suite 114			09 24 2014			
City	State Zip Code					
Alexandria	VA 22314		Transaction ID: 61859230			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Lamar Alexander		Type	3000.00			
Office Sought: House Disbu	rsement For: 2014		, ,			
X Senate	Primary General					
President	Other (specify) ▼					
State: TN District:						
SUBTOTAL of Disbursements This Page (optional	al)		5000.00			
TOTAL This Period (last page this line number of	nly)					

SCHEDULE B (FEC Form 3X)		F00 : 1115	NUMBER: PAGE 38 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:
II LINIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 🔀 23 🗆 24 🗆 25 🖂 26
	Detailed Summary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and State	ments may not be sold or us	sed by any nerse	on for the purpose of soliciting contributions
or for commercial purposes, other than using the na	me and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers	Political Action Com	mittee	
/ Amondan Countries of Elio modroto		micoo	
Full Name (Last, First, Middle Initial)			
A. Schock For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 10555			09 24 2014
City	Ctata Zin Cada		
City Peoria	State Zip Code IL 61612		Transaction ID: 61859231
Purpose of Disbursement	12 01012		
ranpose or biobarosmoni		011	Amount of Each Disbursement this Period
Candidate Name		Oata nami/	
Mr. Aaron Schock		Category/ Type	1000.00
	ment For: 2014	.,,,,,	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary X General		
President	Other (specify) ▼		
State: IL District: 18	,		
Full Name (Last, First, Middle Initial)			
B. Bonamici For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 3321 Se 20th Ave			09 24 2014
City	State Zip Code		Transaction ID: 61859233
Portland	OR 97202		
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each disbursement this Period
Rep. Suzanne Bonamici		Category/ Type	1000.00
	ment For: 2014	туре	
Senate	Primary General		
President	Other (specify)		
State: OR District: 01	√ (opening)		
Full Name (Last, First, Middle Initial)			
C. Friends Of Dick Durbin Committee			Date of Disbursement
Therias of Blok Barbin Committee	,		M M / D D / Y Y Y Y
Mailing Address P O Box 1949			09 24 2014
City	State Zip Code		Transaction ID: 61859234
Springfield	IL 62705		11d13d3d311 15 . 01003204
Purpose of Disbursement		211	
Opendidate Manage		011	Amount of Each Disbursement this Period
Candidate Name Sen. Richard Durbin		Category/	1000.00
	ment For: 2014	Type	
Senate			
President	Primary		
State: IL District:	Other (specify)		
outo. IE District.			
CURTOTAL of Dishuman series This Days (			3000.00
<b>SUBTOTAL</b> of Disbursements This Page (optional).		·····	333.00
TOTAL This Davied (least orange this Personal Co.		_	
TOTAL This Period (last page this line number only	)		

S	CHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 39 OF 45
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oneok oni	· ·
		Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b
Δr	ny information copied from such Reports and Statem	l nents may not be sold or i		
	for commercial purposes, other than using the nam			
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Council of Life Insurers P	Political Action Cor	nmittee	
_	Full Name (Last, First, Middle Initial)			
A.	Friends of Sam Johnson			Date of Disbursement
	Mailing Address PO Box 860096			09 24 2014
	City	State Zip Code		Transaction ID - C4050005
	Plano	TX 75086		Transaction ID: 61859235
	Purpose of Disbursement		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Sam Johnson		Type	1000.00
	Senate	nent For: 2014  Primary General  Other (specify)		
	State: TX District: 03	Other (specify)		
_	Full Name (Last, First, Middle Initial)			
В.		е		Date of Disbursement
	Mailing Address PO Box 6545			09 24 2014
	Visalia	State Zip Code CA 93290		Transaction ID : 61859236
	Purpose of Disbursement		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Rep. Devin Nunes		Type	1000.00
	Senate	nent For: 2014  Primary General  Other (specify)		
_	Full Name (Last, First, Middle Initial)			
C.	Jeff Merkley For Oregon			Date of Disbursement
	Mailing Address P O Box 42307			09 24 2014
	City	State Zip Code		Transaction ID: 61859237
		OR 97242		1141134Ction ib . 01033231
	Purpose of Disbursement		011	
	Candidate Name			Amount of Each Disbursement this Period
	Mr. Jeffrey Merkley		Category/ Type	1000.00
	Office Sought: House Disbursem	nent For: 2014  Primary General  Other (specify)	, , ,	
_	State: OR District:			
H	COTAL This Period (last page this line number only).			3000.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 40 OF 45	<del></del>
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26	3
	Botanoa Garrinary Fago	27	28a 28b 28c 29 30	)b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	nents may not be sold or use ne and address of any politica	ed by any perso al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Comn	nittee		
Full Name (Last, First, Middle Initial)				_
A. Friends Of Mark Warner			Date of Disbursement	
Mailing Address 1029 North Royal Street 2nd FI			09 24 2014	
City	State Zip Code		Transaction ID: 61859238	
Alexandria	VA 22314		114113404101115 : 01033230	
Purpose of Disbursement		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Mr. Mark Warner		Type	1000.00	
Senate President	nent For: 2014 Primary			
State: VA District:				_
Full Name (Last, First, Middle Initial)  B. Charles Boustany Jr Md For Congl	ress Inc		Date of Disbursement	
Mailing Address Post Office Box 80126			09 24 2014	
City	State Zip Code			
Lafayette	LA 70598		Transaction ID: 61859239	
Purpose of Disbursement				
		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	
Rep. Charles Boustany Jr.		Туре	200.00	
	nent For: 2014  Primary			
Full Name (Last, First, Middle Initial)				_
C. Friends Of Dave Reichert			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address P. O. Box 2032			09 24 2014	
City	State Zip Code		Transaction ID: 61859240	
Issaquah	WA 98027			
Purpose of Disbursement		011		
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. David Reichert		Category/	1000.00	
	nent For: 2014	Туре		
Senate President State: WA District: 08	Primary			
SUBTOTAL of Disbursements This Page (optional)		·····•	4000.00	
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form		movete selectivis (1)	FOR LINE		PAGE 41 OF 45
ITEMIZED DISBURSEMENT		eparate schedule(s) th category of the	(orleast orliny	,	
		d Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports	and Statements ma	v not be sold or u			
or for commercial purposes, other than us					
NAME OF COMMITTEE (In Full)					
American Council of Life Ir	nsurers Politica	I Action Com	mittee		
Full Name (Last, First, Middle Initial)				Date of Diskurr	
A. Loebsack For Congress				Date of Disburs	
Mailing Address PO Box 3013				09 2	24 2014
City	State	Zip Code		Transaction ID	 ) : 61859241
Iowa City Purpose of Disbursement	IA	52244			
i dipose of Dispulsement			011	Amount of Fach	Disbursement this Period
Candidate Name					
Rep. Dave Loebsack			Category/ Type		1000.00
Office Sought: House	Disbursement For:	2014			
Senate	Primary	General			
President President	Other (sp	pecify) ▼			
State: IA District: 02	<u> </u>				
Full Name (Last, First, Middle Initial)  B. Al Franken For Senate				Date of Disburs	ement
B. Al Franken For Senate					
Mailing Address PO Box 583144				09 J	24 2014
City	State	Zip Code		Transaction II	D : 61859242
Minneapolis Purpose of Disbursement	MN	55458			
. a.pooo or propuraement			011	Amount of Fach	Disbursement this Period
Candidate Name				3. 2001	
Mr. Al Franken			Category/ Type		2000.00
Office Sought: House	Disbursement For:				
Senate	Primary	General			
President Pietriet	Other (sp	pecify) ▼			
State: MN District:					
Full Name (Last, First, Middle Initial)  Crassroots Organizing Act	ing 9 Lagging			Date of Disburs	ement
Grassiools Organizing Act	Grassroots Organizing Acting & Leading PAC (GOALPAC)				
Mailing Address P O Box 30355				09 Z	24 2014
City	State	Zip Code		Transaction II	) : 61859243
Bethesda Purpose of Disbursement	MD	20824			
ו מוףספט טו בווסטעוספווופוונ			011	Amount of Earl	Disbursement this Period
Candidate Name				Amount of Each	טייט אוואויאפוענער נוווא Period
Grassroots Organizing Acting	& Leading PAC (	GOALPAC)	Category/ Type		1000.00
Office Sought: House	Disbursement For:			- 7	
Senate	Primary	General			
President	Other (sp	pecify) ▼			
State: District:					
CURTOTAL	Jordin - P				4000.00
SUBTOTAL of Disbursements This Page	(optional)		·····•		1000.00
TOTAL This Period (last page this line r	umber only)				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER	:	PAGE	42	OF 45
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)				
			Summary Page	21b	22	23	24	25 29	26
<u> </u>		<u> </u>		27	28a	28b	28c		30b
	ly information copied from such Reports and Statem for commercial purposes, other than using the nam								
$\setminus$	NAME OF COMMITTEE (In Full)			•					
	American Council of Life Insurers F	Political	Action Com	mittee					
	Full Name (Last, First, Middle Initial)				Б.				
Α.	Bill Foster For Congress Committee	е				f Disburser			
	Mailing Address PO Box 9104				09	24		2014	Y
	City	State	Zip Code		T	antina ID			
	Aurora	IL	60598		irans	action ID	: 61859244		
	Purpose of Disbursement			011	Amoun	t of Each I	Disburseme	ent this	Period
	Candidate Name			Category/				1000	0.00
	Rep. Bill Foster			Type		7	7	1000	J.00
	Senate	nent For: Primary Other (spe	<b>X</b> General						
	State: IL District: 14								
	Full Name (Last, First, Middle Initial)								
В.	Mchenry For Congress				Date of Disbursement				
	Mailing Address PO Box 1406				09	24		2014	
	Hickory	State NC	Zip Code 28601		Trans	saction ID	: 61859245		
	Purpose of Disbursement			011	Amoun	t of Each I	Disburseme	ent this	Period
	Candidate Name			Category/				200	0.00
	Rep. Patrick McHenry			Туре		7	7	200	3.00
	Senate	nent For: Primary Other (spe	X General						
_	Full Name (Last, First, Middle Initial)								
C.	Pat Roberts For Senate					f Disburser			
	Mailing Address Box 433				09	24		2014	
	City	State	Zip Code		T	antina ID	- 04050040		
	Great Bend	KS	67530		ırans	SACTION ID	: 61859246		
	Purpose of Disbursement			044					
	Candidate Name			011	Amoun	t of Each I	Disburseme	nt this	Period
	Sen. Pat Roberts			Category/ Type				1000	0.00
		nent For:	2014	Турс		7	7		
	X Senate	Primary Other (spe	<b>X</b> General						
_	State: KS District:								
s	UBTOTAL of Disbursements This Page (optional)			·····	Ë	-		4000	0.00
Т	OTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 43 OF 45	_
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	one)	
	for each category of the Detailed Summary Page	21b		
	, ,	27	28a 28b 28c 29 30	b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Comn	nittee		
Full Name (Last, First, Middle Initial)				_
A. Texans for Senator John Cornyn II	nc.		Date of Disbursement	
Mailing Address P.O. Box 13026			09 24 2014	
,	State Zip Code		Transaction ID: 61859247	
Austin Purpose of Disbursement	TX 78711			
·		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	
John Cornyn Office Sought: House Disbursen	ant For: 0044	Туре		
Senate	nent For: 2014  Primary			
State: TX District:				
Full Name (Last, First, Middle Initial)				
B. McConnell Senate Committee '14			Date of Disbursement	
Mailing Address P O Box 1496			09 24 2014	
Louisville	State Zip Code KY 40201		Transaction ID: 61859249	
Purpose of Disbursement		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	4500.00	
Mitch McConnell		Type	1500.00	
X Senate	nent For: 2014  Primary			
Full Name (Last, First, Middle Initial)				_
C. Frederica S. Wilson For Congress			Date of Disbursement	
Mailing Address 19821 Nw 2nd Avenue Box 354			09 24 2014	
City	State Zip Code		Transaction ID : 61859250	
Miami Gardens	FL 33169		Transaction ib . 01033230	
Purpose of Disbursement		011		
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. Frederica Wilson		Category/ Type	1000.00	iod o
	nent For: 2014	.,,,,		
Senate President	Primary General Other (specify) ▼			
State: FL District: 24				_
SUBTOTAL of Disbursements This Page (optional)		················ <b>&gt;</b>	4500.00	

SCHEDULE B (FEC Form 3X)	Hen concrete astrodule()	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 2 28a 28b 28c 29
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers F	Political Action Comr	nittee	
Full Name (Last, First, Middle Initial)			
A. Defend America PAC			Date of Disbursement
Mailing Address P O Box 2626			09 24 2014
•	State Zip Code		Transaction ID : 61859252
Tuscaloosa	AL 35403		
Purpose of Disbursement		011	Amount of Each Disbursement this Per
Candidate Name		Category/	2000 0
Defend America PAC		Type	2000.00
Office Sought:  House  Senate  President  State:  Disburser	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
3. Van Hollen For Congress			Date of Disbursement
Mailing Address 10537 St. Paul Street			09 24 2014
City S Kensington	State Zip Code MD 20895		Transaction ID : 61859255
Purpose of Disbursement	20093		
		011	Amount of Each Disbursement this Per
Candidate Name		Category/	2000.0
Rep. Chris Van Hollen		Туре	2555.5
	nent For: 2014  Primary		
Full Name (Last, First, Middle Initial)			Date of Dishuranment
The Reed Committee			Date of Disbursement
Mailing Address 303 Massachusetts Ave, NE			09 24 2014
City	State Zip Code		Transaction ID : 61859256
	DC 20002		Transaction ID . 01039230
Purpose of Disbursement		011	
Candidate Name			Amount of Each Disbursement this Per
Jack Reed		Category/ Type	2000.00
Office Sought: House Disburser	nent For: 2014  Primary General  Other (specify)	туре	
State: RI District:			
SUBTOTAL of Disbursements This Page (optional)			6000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER	:	PAGE 45 OF
TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only		X 23 28b	24 25 28c 29
Any information copied from such Reports and Statem			ed by any pers	on for the	purpose o	f soliciting contribution
or for commercial purposes, other than using the name	e and add	lress of any politic	cal committee to	solicit co	ntributions	from such committee.
NAME OF COMMITTEE (In Full)			1			
American Council of Life Insurers F	Political	Action Com	mittee			
Full Name (Last, First, Middle Initial)				Data	( D'alama	
A. Friends Of Pat Toomey				Date o	f Disburser	
Mailing Address 228 S Washington Street Suite 115				09	24	2014
	State	Zip Code		Trans	saction ID	: 61859257
Alexandria	VA	22314		mana		. 01000201
Purpose of Disbursement			011	Amoun	t of Each I	Disbursement this Per
Candidate Name			Category/			
Sen. Pat Toomey			Type			1000.00
X Senate	nent For: Primary Other (spe	<b>X</b> General				
State: PA District:						
Full Name (Last, First, Middle Initial)						
Friends Of Jim Clyburn				Date o	f Disburser	
Mailing Address PO Box 12567				09	24	
City	State	Zip Code		Trans	saction ID	: 61859258
	SC	29211		ITalis	saction ib	. 01033230
Purpose of Disbursement			011	Amoun	t of Each I	Disbursement this Per
Candidate Name			Category/			
Rep. James Clyburn			Type			1000.00
Senate	nent For: Primary Other (spe	X General				
Full Name (Last, First, Middle Initial)						
<b>5.</b>					f Disburser	
Mailing Address				M M / D D / Y Y Y		
City	State	Zip Code				
Purpose of Disbursement						
Candidate Name			Category/ Type	Amoun	t of Each I	Disbursement this Per
	nent For: Primary Other (spe	General  cify) ▼	.,,,,,			
<u> </u>						2000.00
SUBTOTAL of Disbursements This Page (optional)			·····•		7	2000.00
TOTAL This Period (last page this line number only)						47000.00